11-08-04                                                           AF/3743
                                                                      JFW

| NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES | Docket Number (Optional) 06727/000K095-US0 |
|---|---|

OIPE
NOV 0 4 2004
PATENT & TRADEMARK OFFICE

In re Application of
Lewis Colman et al.

| Application Number 10/009,847-Conf. #1207 | Filed April 8, 2002 |
|---|---|

For   NEONATAL AIRWAY ADAPTOR

| Art Unit 3743 | Examiner J. F. Weiss |
|---|---|

Applicant hereby **appeals** to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))                    $      340.00

[ ] Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:                    $ _____

[x] A check in the amount of the fee is enclosed.

[ ] Payment by credit card. Form PTO-2038 is attached.

[ ] The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.

[x] The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No.____04-0100____ . I have enclosed a duplicate copy of this sheet.

[x] A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

I am the

[ ] applicant /inventor.

[ ] assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

[x] attorney or agent of record.
   Registration number   25,351

[ ] attorney or agent acting under 37 CFR 1.34.
   Registration number if acting under 37 CFR 1.34. _____

S. Peter Ludwig (Signature)

S. Peter Ludwig
Typed or printed name

(212) 527-7770
Telephone number

November 3, 2004
Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

[ ] *Total of ___1___ forms are submitted.

11/09/2004 AWONDAF1 00000153 10009847
01 FC:1401                    340.00 OP

| Express Mail Label No. | Dated: _____ |
|---|---|